

Sylvatic Plague as Found in California Counties: Kern, Tulare, Modoc, Lassen and San Luis Obispo.—The authors' discussion of the rather extensive distribution of sylvatic plague in different districts of California might be alarming were it not for the fact that, at the same time and in these same infested districts, only two human cases of plague were seen in 1934, and none, thus far, in 1935. The Federal, State and other authorities, upon whom devolves the responsibility of combating the spread of plague among the wild rodents (squirrels, rats and mice)—for it is from these lower animal reservoirs that an extension into populated districts may come—are to be congratulated for their careful studies concerning the foci of infected areas, and on the means taken to bring about the limitation and eradication of the disease. It must be remembered that the complete list of animals (mammals) that can act as supplementary hosts to the *Bacillus pestis* is yet to be worked out, although the authors call attention to instances pointing to cottontail and jack rabbits as belonging to the group of supplementary hosts.

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Why This Report on Sylvatic Plague Is of Significance.—Meyer and Eddie's report of the studies and surveys of sylvatic plague in California makes interesting reading for physicians, and especially so, when the serious outbreaks of human plague in California—San Francisco, 1900 to 1904 (bubonic plague); San Francisco and Oakland, 1907 and 1908 (bubonic plague); Oakland, 1919 (pneumonic plague); and Los Angeles, 1924 (pneumonic plague)—are kept in mind.

In the present era of generous spending by the Federal Government on survey projects of all kinds, it would seem quite proper that some funds were allocated to carry on investigations and studies making possible for the United States Public Health Service and the California State Board of Health to possess more extensive and accurate knowledge of this disease; which knowledge, should the plague again break out in metropolitan centers such as the San Francisco Bay region or Los Angeles, may well be of great value to help prevent immediate money loss running into hundreds of thousands of dollars, with however, remote ill results of even greater amount. It is gratifying to know that in spite of somewhat limited funds and personnel it has been possible to make so careful a survey and report as that which is printed in this issue.

CORPORATIONS CANNOT PRACTICE MEDICINE IN CALIFORNIA

Opinion of Judge C. J. Goodell of San Francisco.—In last month's issue, on page 324, comment was made on the opinion recently handed down by the Hon. C. J. Goodell of the Superior Court of the City and County of San Francisco, in which that jurist reaffirmed the legal principle that corporations cannot practice medicine in California. Through Dr. C. B. Pinkham, secretary of

the Board of Medical Examiners of the State of California, we have been able to secure a copy of Judge Goodell's memorandum-opinion and this will be found in the Special Articles section on page 460.

Its perusal, in connection with the opinion rendered by the Hon. Charles E. Hughes, Chief Justice of the Supreme Court of the United States, given on page 389 of last month's issue, is commended to all members of the California Medical Association.

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Opinion of Judge Hartley Shaw on Chiropractic-Naturopathic.—In the same Special Articles department of this number is also printed an illuminating opinion concerning some legal limitations of chiropractic and naturopathic practice. Readers of this journal may find that opinion likewise of interest. (See page 463.)

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 444.

EDITORIAL COMMENT†

DANGERS OF SKELETAL TRACTION

The appearance upon the market today of numerous pieces of excellent apparatus for the treatment of fractures justifies a word of warning against the indiscriminate use of skeletal traction by every doctor who has purchased one of these new gadgets.

No one will deny that great progress has been made in the treatment of fractures during the past decade. The World War demonstrated the value of immediate splinting and early traction in fractures of the long bones, and popularized the now indispensable Thomas splint. The more liberal use of the roentgen ray, the organization of fracture clinics in our large teaching hospitals with their follow-up clinics, the demands of industrial insurance carriers for less permanent disability from fractures and the growing menace of malpractice suits, have all contributed to this keener interest on the part of the profession and have resulted in better treatment of fractures.

Better mechanical aids were a natural outgrowth of this widespread interest in the fracture problem. It is more generally appreciated now than formerly that restoration of normal anatomical relationship is desirable, and that it usually results

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentations should be over five hundred words in length.